Health and Sport Committee Written Submission

Preventative agenda: Type 2 diabetes

Evidence from the Scottish Food Coalition

The Scottish Food Coalition brings together a wide range of civil society organisations with a shared interest in improving Scotland’s food system. Members include trade unions, academics, environmental organisations, food and farming organisations, and organisations with a health focus and organisations focused on social justice and food insecurity.

This brief statement does not specifically tackle health inequality issues but it should be taken as read that the Food Coalition supports a ‘proportionate universalism’ approach, recognising that low income, social isolation, ethnicity and disability are all risk factors and that whole-of-society approaches must be designed to ensure that they particularly benefit people at greater risk.

1 To what extent do you believe the Scottish Government’s Diabetes Improvement Plan 2014 and the approach by Integration Authorities and NHS Boards is preventative?

Although the plan is presented by the Minister for Public Health, it seems entirely focused on the quality of individual treatment and care. This is not a prevention strategy and makes no mention of diet and other lifestyle factors which are the primary amenable risk factors.

2 Is the approach adequate or is more action needed?

Given the common estimate is that 10% of the NHS budget is spent on diabetes, this approach is wholly inadequate. The current consultation document on ‘A healthier future’ is much clearer:

“Our diets, activity, and weights are among the biggest public health challenges we face, with very significant preventable impacts on our health, public services and the Scottish economy.”

This now needs to lead to action. Nourish Scotland believes that the Good Food Nation agenda has real potential to halt and then reduce the incidence of Type 2 diabetes, provided that sufficient political will and resources are applied. Good Food Nation should be and could be a whole of society, whole of government approach.

While this call for evidence is focused on prevention, diet also has a major role in the stabilisation and reversal of Type 2 diabetes, as underlined by the recent evidence from a trial in Glasgow and Tyneside http://dx.doi.org/10.1016/S0140-6736(17)33102-1
There should be maximum feasible support for patients who wish to change their diet and lifestyle, including assistance with costs of food and exercise (including coaching). However, the right balance of spend should go towards prevention.

We should be aiming for John Boyd-Orr’s ‘gold standard of nutrition’ - a ‘state of well-being such that no improvement can be effected by a change in the diet’. We have a long way to go.

3 What are the most effective initiatives for preventing Type 2 diabetes?

Last year’s WHO ‘Global report on diabetes’ sets out the characteristics of an effective approach to prevention:

“Effective approaches are available to prevent type 2 diabetes and to prevent the complications and premature death that can result from all types of diabetes.

These include policies and practices across whole populations and within specific settings (school, home, workplace) that contribute to good health for everyone, regardless of whether they have diabetes, such as exercising regularly, eating healthily, avoiding smoking, and controlling blood pressure and lipids.

Taking a life-course perspective is essential for preventing type 2 diabetes, as it is for many health conditions. Early in life, when eating and physical activity habits are formed and when the long-term regulation of energy balance may be programmed, there is a critical window for intervention to mitigate the risk of obesity and type 2 diabetes later in life.

No single policy or intervention can ensure this happens. It calls for a whole-of-government and whole-of-society approach, in which all sectors systematically consider the health impact of policies in trade, agriculture, finance, transport, education and urban planning – recognizing that health is enhanced or obstructed as a result of policies in these and other areas.”

We would cite Peas Please as one example of this approach. This UK-wide project, jointly managed by Nourish Scotland and partners in England and Wales, takes a systems approach to increasing vegetable consumption, engaging the full range of actors and enabling supply-side actions to make it easier for people to eat veg.

While the evidence base specifically on veg consumption as a risk factor in Type 2 diabetes is not conclusive, one recent meta-analysis [http://dx.doi.org/10.1136/bmjopen-2014-005497] found a 13% lower risk of type 2 diabetes per 0.2 serving/day increment of green leafy vegetables intake. (Of course, an increase in vegetable consumption also has a proven protective effect in relation to several cancers.)
4 Are the services and Diabetes Improvement Plan 2014 being measured and evaluated in terms of cost and benefit?

This may be happening somewhere: but for example in Audit Scotland’s 2016 report on Scotland’s NHS there is no global analysis on the balance of government spending (including but not limited to health service spending) between prevention and treatment of ill-health.

Without a ‘whole of society’ and ‘whole of government’ approach to enabling health and preventing ill-health, which forms part not just of the national performance framework but also of the budget development and audit process, it is hard to see how a cost-effective, evidence-based prevention strategy can be developed.